



**The State of New Hampshire
Insurance Department**
21 South Fruit Street, Suite 14
Concord NH 03301
(603) 271-2241 Fax (603) 271-7029

**Consumer Guaranty Contracts
Obligor Registration Form**

IMPORTANT: Consumer Guaranty Contracts are subject to New Hampshire Revised Statutes Annotated RSA 415-C. Each registrant is responsible to review and understand the law before completing this form.

Please select all Consumer Guaranty Contracts and fees that are subject to registration:

<u>Subject of Contract</u>	<u>New Registration</u>	<u>Renewal Date</u>
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> \$300	June 14 th 200__
<input type="checkbox"/> Home Warranty	<input type="checkbox"/> \$300	June 14 th 200__
<input type="checkbox"/> Consumer Goods	<input type="checkbox"/> \$300	June 14 th 200__
<input type="checkbox"/> Pre-Paid Legal	<input type="checkbox"/> \$300	June 14 th 200__
<input type="checkbox"/> Debt Cancellation/Suspension	<input type="checkbox"/> \$300	June 14 th 200__
<input type="checkbox"/> Other: _____	<input type="checkbox"/> \$300	June 14 th 200__

TOTAL AMOUNT ENCLOSED: \$_____

Make check payable to "Treasurer, State of New Hampshire"

1. Obligor business name: _____
- (a) Tax Identification Number: _____
- (b) Current home office street address: _____
 City: _____ State: _____ Zip: _____ - _____
- (c) Type of Organization: Sole Proprietorship Corporation LLC LLP
 Partnership Other: _____
- (d) Organization was incorporated or formed on _____ date in _____ state.
- (e) Attach all that apply:
 - Certificate of incorporation or formation issued by appropriate state agency.
 - Current certificate of registration as a foreign entity issued by the NH Secretary of State.
 - Certified copy of Charter and Bylaws
 - Certified copy of Operating / Partnership Agreement
 - Other organization formation documents not listed above: _____

Note: Foreign corporation, LLCs, LLPs and partnerships must provide a copy of their home state registration and proof of registration as a foreign entity with the NH Secretary of State

- 2. Name and title of highest ranked contact person for New Hampshire business:
 Phone: _____ Fax: _____ Email: _____
 Address: *(Same as* *no. 1)* Street: _____
 City: _____ State: _____ Zip: _____ - _____
- 3. Location of Obligor's books and records for New Hampshire Business
 Address *(Same as* *no. 1,* *no. 2)* Street: _____
 City: _____ State: _____ Zip: _____ - _____
- 4. All trade names used for Consumer Guaranty Contracts: _____

Note: Registrants who propose to use trade names must provide proof of trade name registration issued by the NH Secretary of State. The owner of trade name must match name of Obligor.

- 5. New Hampshire counties where Obligor will offer Consumer Guaranty Contracts: ("all" if statewide) _____
- 6. States outside of New Hampshire where Obligor plans to or does offer Consumer Guaranty Contracts:

- 7. Name of agent or attorney located in NH for service of process: _____
 Current Address:
 Phone: _____ Fax: _____ Email: _____

ADDITIONAL INFORMATION NEEDED:

Please provide a list of all Administrators being used by the Obligor.

Proof of Financial Responsibility

IMPORTANT: RSA 415-C:3 requires that the obligor's president and secretary attach a certificate with the registration giving a full statement, under oath, that the fiscal requirements stated in this RSA 415-C are met.

Please select option below to show proof of financial responsibility.

1. **Bond** (RSA 415-C: 4(I)):

Please select the greater of the following two choices, up to a maximum of \$250,000

\$25,000, or

5 percent of all consumer guarantee contracts sold in New Hampshire.

Attach copy of bond and certified documentary proof of sales activity if applicable.

2. **Reimbursement Insurance Policy** (RSA 415-C: 4(II)):

Insurer must be authorized to do business in this state to issue policy.

Name and address of insurer:

Name and address of producer (if applicable):

Policy Number: _____ Effective Dates:

_____ to _____

Attach copy of declaration page and policy.

3. **Capital** (RSA 415-C: 4(III)):

Please select from below and

Minimum net worth of \$25,000,000, or

Minimum stockholders' equity of \$25,000,000.

Attach Obligor's annual audited financial statement, certified by a public accountant, or Form 10K or 20F filed with the SEC.

Certification by President / Managing Partner

The undersigned deposes and says that he/she has duly executed this registration dated _____ for and on behalf of _____ (Obligor Name), and that he/she holds the executive position of _____ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that _____ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C.

Signature _____

Print Name _____

Notary Information

State of _____

County of _____

On this ____ day of _____ in the year _____, before me, personally appeared

_____ (Person's name) to me known to be the _____ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)
My Commission Expires _____

Certification by Secretary

The undersigned deposes and says that he/she has duly executed this registration dated _____ for and on behalf of _____ (Obligor Name), and that he/she holds the executive position of _____ (Title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents and laws related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that _____ (Obligor Name) is in compliance with all legal and fiscal requirements, including those found in NH RSA 415:C .

Signature _____

Print Name _____

Notary Information

State of _____

County of _____

On this ____ day of _____ in the year _____ , before me, personally appeared

_____ (Person's name)

to me known to be the _____ (Title) of the above named organization, and who being duly sworn according to law, did depose and say the he/she read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, represents that he or she is authorized to sign this document on behalf of the organization and that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires _____